

**CHANGE CONTROL RECORD**

Date	Section	Page(s)	Change
04/01/2020	Cover		Updated Publication Date
04/01/2020	Appendix C	75-78	Added Appendix C- COVID -19 Temporary Dental Services Policy.
01/01/2020	Appendix B	45	Typo Correction- Corrected child's age limitation for procedure D0150 to age 3-20. Previous entry was incorrect as of 7/1/2019.
07/01/19	Cover		Updated Publication Date
07/01/19	Appendix B	54	Added Procedure D2390 on the Benefit Criteria and Limitations
07/01/19	Appendix B	74-75	Added Initial Dental Encounter for foster children under the EPSDT services
07/01/19	Appendix B	57	Updated the Benefit Criteria and Limitations section for documentation required for endodontic services- requiring post- operative radiographs.
07/01/19	Appendix B	48	Updated the Benefit Criteria and Limitations section for reimbursement policy for bilateral fixed space maintainers
07/01/19	Billing Guidance	39-40	Added claims submission for the EPSDT services delivered as Emergency and Initial Dental Encounter for Foster Care children
07/01/19	Utilization Management	21	Added Initial Dental Encounter for Foster Care children as exempted from the PA requirement for EPSDT services
07/01/19	Section 3: Eligible Providers	7	Added County Assignment for Provider Partners Map
07/01/19	Appendix B	44-75	Replaced and revised formatting of Exhibits A, B, C of the Dental Office Reference Manual (ORM)
07/01/19	Dental Services Provider Guide	1-75	Revised formatting, sections and headings of the Dental Office Reference Manual (ORM)
05/01/19	Cover		Updated Publication
05/01/19	Exhibit A & C		Removed Procedure D2940
05/01/19	Exhibit A & C		Updated narrative for reimbursement fee for Restorative procedures to be inclusive of temporary or protective restorations
05/01/19	Appendix E		Inserted the updated SCDHHS Provider Manual General Information Section 1- effective 4/1/2019
01/01/19	Cover		Updated Publication Date
01/01/19		14	Corrected reference in Statement of Provider Rights and Responsibilities #8
01/01/19	1.02		Updated Provider Partner Information
01/01/19	2.04		Updated Copayment Age Exclusion
01/01/19	3.03		Removed reference of treatment plan required

01/01/19	9.00		Updated Phone information to include Option #4 added Fax number
01/01/19	A.01		Removed reference of treatment plan required (#N)
01/01/19	D-2		Corrected typo on record retention requirement from “three” years to “five” years
01/01/19	C.04		Submission requirement – replaced “treatment plan” with “supporting documentation”
01/01/19	C.09		Submission requirement – replaced “treatment plan” with “supporting documentation”
01/01/19	Exhibit A-C		Updated Narrative for Adjunctive Services to include dental sedation permit requirements.
01/01/19	Exhibit A-C		Updated CDT and CPT codes to reflect procedure code changes (ADA and CMS) effective for 01/01/2019
10/01/18	Cover		Update Publication Date
10/01/18	3.00- 3.03		Clarified Authorization of Treatment
10/01/18	3.04		Added section on Prior authorization for services requiring inpatient stay.
10/01/18	4.05		Revised language on Paper Claim submission
10/01/18	4.16		Revised Claims submission for services delivered in an outpatient setting (ASC/ OR)
10/01/18	4.17		Added section: Claims submission for dental services requiring inpatient stay
10/01/18	C.04		Revised criteria for dental services delivered in a ASC or OR
10/01/18	C.09		Revised criteria for general anesthesia/ IV sedation in the dental office
10/01/18	C.10		Revised criteria for services rendered in conjunction with Behavioral Management services and created a separate section.
10/01/18	9.03		Removed DentaQuest General Information Section
10/01/18	Exhibit A-C		Updated Narrative for approval of services delivered in an ASC/ OR
10/01/18	Exhibit A-C		Updated CPT Medical codes to remove Inpatient only procedures
08/06/18	Appendix E		Updated SCDHHS Provider Manual- General Information (Section 1)
07/01/18	Cover		Updated Publication Date
07/01/18		13	Updated Statement of Provider Rights and Responsibilities
07/01/18		14	Updated Statement of Beneficiaries Rights
07/01/18	3.02		Updated Prior Authorization for Non-State Plan Services

07/01/18	3.03		Updated Authorization for Operating Room (OR) and Ambulatory Surgical Center (ASC)
07/01/18	4.11		Updated the Charge Limits
07/01/18	4.14		Revised Appeal process with Request for Reconsideration
07/01/18	6.01-6.02		Updated Grievances, Appeals and State Fair Hearing
04/01/18	Cover		Updated Publication Date
04/01/18		2	Updated Fax Number
04/01/18		13	Updated Statement of Provider Rights and Responsibilities
04/01/18	2.01 (A-B)		Updated Medicaid Beneficiaries eligible for Dental Benefits & Medicaid Beneficiaries ineligible for Dental Benefits
04/01/18	2.04		Updated Copayment Exclusions to include "medical" emergency services
04/01/18	2.06		Updated Transportation
04/01/18	3.04		Updated Prior Authorization for Non-State Plan Covered Services Medically Necessary EPSDT Services
04/01/18	4.07		Updated language Filing Claims for the Provision of Dental Services in preparation or as the result of Exceptional Medical
04/01/18	4.08		Updated language Filing Claims for the Provision of Adult Dental Services
04/01/18	Exhibit A- C		Updated problem focus exam(D0140) narrative
04/01/18	Exhibit A- C		Updated restoration narrative
04/01/18	Exhibit B		Added primary teeth to restoration codes D2140- D2394
04/01/18	Exhibit B		Updated "Prepayment Review Required" for D7220, D7230, D7240, D7241, D7250 to Yes
02/01/18	4.11		Clarified Procedure fee inclusions
02/01/18	Exhibits A-C		Clarified Procedure fee inclusions per Service Category
01/01/18	1.02		Updated Provider Engagement Contact
01/01/18	Exhibit A and C		Added new codes D5511& D5512 (replacing D5510) and D5611 & D5612 (replacing D5610); Deleted non valid codes D5510 & D5610
01/01/18	Exhibit A-C		Added new codes D9222 & D9239; Updated benefits limitation for D9223 & D9243; Updated code edits for D9222,D9223, D9230, D9239, D9243, D9248
01/01/18	Exhibit A-C		Updated code description D3320, D3330, D7111, 99217, 99218, 99219, 99220, 99235, 20185
01/01/18	Exhibit A and C		Removed "Teeth Covered" requirements D5110 & D5120

01/01/18	Exhibit A and C		Updated codes required for monitoring in the sedation records
06/08/17	Exhibit A & C		Corrected typo on "Benefit Limitations" D0120, D0150,D1510, D1515, D2950, D2951, D2954, D9420 and "Teeth Covered" 41822,41823,41830, 41830,41874
06/08/17	Exhibits A-C		Updated "Documentation Required" for D9230, D9248
06/08/17	Exhibit B		Added CPT codes 42330,42335,42340,42408,42409,42440
05/02/17	Exhibits A-C		Corrected typo on "Benefit Limitations" for D9230, D9248. Removed D9248 from D9230 benefits limitations; removed D9230 from D9248 benefits limitations.
05/01/17	Exhibits A and C		Clarified "Benefits Limitations" for D0120, D0145, D0150
05/01/17	Exhibits A and C		Added the following CPT codes: 11900, 12011, 12013- 12015, 12020, 12051- 12055, 13131, 13133, 13151-13153, 15120, 15121, 20005, 20694, 21046- 21049, 21076, 21081, 21085, 21110, 21209, 21210, 21215, 21230, 21235, 21240, 21242, 21243, 21336- 21339, 21480, 21490, 21497, 30580, 30901, 30903, 30905, 30906, 31020, 31030, 31032, 31500, 40490, 40525, 40700- 40702, 40720, 40800, 40801, 40808, 40810, 40812, 40814, 40816, 40818, 40819, 40830, 40831, 41005-41007, 41015- 41018, 41100, 41105, 41108, 41110, 41115, 41251, 41252, 41805, 41806, 41822, 41823, 41827, 41828, 41830, 41850, 41874, 42100, 42104, 42140, 42180, 42182, 42200, 42205, 42210, 42215, 42220, 42300, 42305, 42310, 42320, 42330, 42335, 42340, 42500, 42505, 42650, 42720, 42725, 64722, 64774, 64788, 67930, 67935.
05/01/17	Exhibit B		Corrected typo on "Benefits Limitations" for D0150 and D0210 to 1 per 36 months; and "Prior Authorization required" for D9420 to Yes
05/01/17	Exhibits A and C		Corrected typo on "Benefits limitations" for D0140 to Per Provider OR Location; and "Pre Payment Review Required" for 13132 to Yes
05/01/17	Cover		Updated Publication Date and SCDHHS Logo
05/01/17	2.01		Updated Eligibility and Identification Card Samples
05/01/17	2.04		Updated Copayment Exclusions
05/01/17	3.01		Updated the year of the ADA claim form
05/01/17	3.01		Updated Treatment Prior Authorization and Pre-Payment Review
05/01/17	3.05		Added Provision of EPSDT for Beneficiaries under the age 21
05/01/17	4.05		Updated the year for the ADA claim form
05/01/17	4.05		Updated Place of Service Code
05/01/17	4.10		Updated Coordination of Benefits Under EPSDT
05/01/17	9.03		Updated Out of State Providers
05/01/17	Appendix A-2		Added TPL form (DHHS931) to the list of attachments
05/01/17	Appendix C- C.02		Updated Criteria for Prefabricated Crowns

05/01/17	Appendix D		Updated The Dental Treatment Record Bullet-# 11
05/01/17	Appendix E		Section 1- updated on 10/01/2016
05/01/17	Exhibit A and C		Updated "Benefit Limitations" for Codes: D2929, D2930, D2931, D2932, D2934, D3220
05/01/17	Exhibits A-C		Added Prior Authorization Column
05/01/17	Exhibits A-C		Updated the nomenclature and/ or descriptor of the 2017 CDT and 2017 CPT Medicaid State Plan covered codes
05/01/17	Exhibits A-C		Updated the Documentation Required for each procedure code
08/01/16	Cover		Updated Publication Date
08/01/16	Multiple Locations		Updated Physical Mailing Address for Appeals
08/01/16	1.02	16	Updated Contact Information for Provider Engagement Staff
08/01/16	Exhibit A and C		Updated Age Limitations for D0330 and D1351
02/01/16	Appendix E		Updated to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals
01/01/16	Cover		Updated Publication Date
	2.01	19	Update the Adult Dental Benefit Language
	Appendix E		Updated to reflect Medicaid Bulletin dated December 9, 2015 – Charge Limits.
	Exhibit A, B, and C		Replaced code D9220 with D9223. Replaced code D9241 with D9243
	Exhibit A and C		Added code D2929
	4.08	32	Updated the language –Remove the emergency adult dental filing period
05/26/15	Cover		Updated publication date
	4.04	29	Clarification of Electronic Signature
	4.05	30	Paper Claim Submission Acceptable Signature
	4.09	32	Clarified Third Party Liability policy regarding primary carrier copayments
	4.11	33	Added reference to Adult Benefit Structure Change in Fee and Charge Limits
	5.0	38	Updated Reference to CDT and CPT Terminology
	9.04	45	Updated Information on Generic Provider Information Form

	A-2	48	Added to Resources Available on Provider Web Portal
	C.01	52	Criteria: Extractions that do not meet the criteria
02/01/15	4.03	28	Corrected email address of DQ EDI Department
	C		Updated introductory language to Clinical Criteria
	D-2	61	Expanded recommendations to adequate documentation of treatment within the patient record.
	Exhibit A		Updated the limitation for the following codes: D0145
	Exhibit B		Updated the limitation for the following codes: D0140, D0150
	1.00	15	Added reference to Adult Benefit Structure Change
	1.04	16	Added reference to Adult Annual Maximum Accumulator
	2.01	17-18	Added reference to Adult Benefit Structure Change and Naming of IDRD Waiver
	2.04	19-20	Clarified application of copayments to Adult Benefits and Naming of IDRD Waiver
	3.04	24	Added reference to Adult Benefit Structure Change
	4.06	29	Added reference to Adult Benefit Structure Change
	4.07	29-30	Added reference to Adult Benefit Structure Change
	4.08	30	Added reference to Adult Benefit Structure Change
	4.16	33	Clarified Prior Authorization Process for Outpatient Treatment
	Appendix A		Added reference to Adult Benefit Structure Change and Naming of IDRD Waiver
	B		Added reference to Adult Benefit Structure Change and Naming of IDRD Waiver
	C.09		Clarified Naming of IDRD Waiver
	Appendix E		Updated SCDHHS Dental Services Provider Manual Section 1
	Exhibit B		Revised Benefit Tables for Adult Benefit Structure Change
	Exhibit C		Clarified Naming of IDRD Waiver
11/01/14	2.0	18	Added reference to "Healthy Connections Checkup"
	2.04	20	Added reference to "Healthy Connections Checkup"

	3.02	23	Clarified Prior Authorization Process for Outpatient Treatment
	4.16	33	Clarified Prior Authorization Process for Outpatient Treatment
	Appendix E		Updated SCDHHS Dental Services Provider Manual Section 1
	Exhibit B		Added CPT codes to the covered code set for Adults
3/27/14	Cover		Updated publication date and SCDHHS Logo
	Table of Contents	12-14	Added Section 4.08 regarding Emergency Adult Services and Revised Numbering
	1.00	15	Added Reference to Adult Emergency Services
	2.01	17	Added Reference to Adult Emergency Services
	2.04	19-20	Added Reference to Adult Emergency Services
	2.06	20-21	Added Reference to Adult Emergency Services
	3.01	22	Added Reference to Adult Emergency Services and CMS 1500 Claim Format Requirement
	4.05	28	Added Reference to CMS 1500 Claim Format Requirement
	4.06	29	Added Reference to Adult Emergency Services
	4.08	30	Added Section Regarding Adult Emergency Services
	4.09-4.18	30-34	Revised Section Numbering
	5.00	35	Updated AMA and ADA Copyright Dates
	Appendix A	43	Added Reference to Adult Emergency Services, Revised Numbers
	A-2	45	Added Reference to CMS 1500 Claim Format Requirement
	Appendix B	46	Added Reference to Adult Emergency Services
1/17/14	Provider Rights & Responsibilities	9	Updated Provider Rights & Responsibilities to reflect SCDHHS policy on private payment by a beneficiary for noncovered services that are not medically necessary
	2.00	16	Updated Healthy Connections ID Cards and Explanations
	3.00	21	Added reference to Noncovered Service Prior Authorization Request Requirement – found in Section 3.04
	3.04	23-24	Added SCDHHS Policy Interpretation for Request of Noncovered Services under EPSDT

	4.10	30	Added reference to Fee Schedule for Frequently Submitted Noncovered Codes
	4.16	32	Corrected Phone Number for SCDHHS Provider Enrollment
	Appendix A	41	Updated EPSDT Definition
	A-2	43	Updated Additional Resources found on DentaQuest Provider Web Portal
	Appendix E		Updated SCDHHS Dental Services Provider Manual Section 1
6/3/13	4.02-4.03	26	Revised instructions for electronic claim submission
	4.08	29	Modified Coordination of Benefits Section to Differentiate Claim Filing Under EPSDT
	4.09	29-30	Added Coordination of Benefits Section Specific to EPSDT
	4.09-4.17	29-32	Corrected Section Numbers
	Clinical Criteria	46	Updated Clinical Criteria for Removable Prosthodontics
4/4/13		2	Removed obsolete email address
	4.02	26	Updated list of clearinghouses for electronic claim submission
	4.03	26	Updated email address for questions on electronic claim submission
	Appendix E		Updated SCDHHS Dental Services Provider Manual Section 1
	Exhibits A and C		Corrected limitation on the following codes: D2950, D2954
	Exhibits A, B, and C		Added language on biopsies on biopsies of oral tissue to covered oral surgical codes
1/15/13	Contacts	2	Added SCDHHS Fraud and Abuse email address
	Provider Rights & Responsibilities	9	Updated Provider Responsibilities to include adherence to state and federal requirements for the practice of dentistry.
	4.10	30	Clarified timely filing policies
	7.05	37	Added SCDHHS Fraud and Abuse email address
	9.01	39	Updates SCDHHS Requirements for Provider Participation
	Appendix A	41	Corrected definition of clean claim
	Appendix B	44	Added reference to ADA standard for tooth numbering
	Appendix C	46	Added criteria for the use of behavior management



	Appendix D	54-59	Clarified documentation requirements for dental record
	Appendix E		Updated SCDHHS Dental Services Provider Manual Section 1
	Exhibits A and C		Replaced CDT Codes D1203 and D1204 with D1208
	Exhibits A, B, and C		Clarified guidance on same tooth restorations done within six month timeframe, extractions and orthodontia, and sedation/anesthesia billing and documentation.
10/2/12	Appendix E		Updated SCDHHS Dental Services Provider Manual Section 1
8/2/12	9.00	39	Added link to electronic contact for Provider Enrollment
	Appendix E		Updated SCDHHS Dental Services Provider Manual Section 1
5/1/12		11	Updated Table of Contents
	1.00	14	Updated language on adult coverage
	2.01	16	Updated language on adult coverage
	2.06	19	Updated language on adult coverage
	4.06 and 4.07	28-29	Updated language on adult coverage
	Appendix B	44	Updated language on adult coverage
	Appendix E		Updated SCDHHS Dental Services Provider Manual Section 1
4/2/12	2.01	16	Updated sample member card
	Appendix E		Updated SCDHHS Dental Services Provider Manual Section 1
2/2/12		2	Updated email address for dental claim submission
		3	Added reference to addition of SCDHHS Provider Manual Section 1 as Appendix E
	2.01	16	Updated language on adult coverage
	2.06	19	Updated language on adult coverage
	2.07	20	Included information on broken appointment tracking
	4.03	26-27	Updated email address for dental claim submission
	4.06	28	Updated language on adult coverage

	4.07	28-29	Updated language on adult coverage
	4.12	30-31	Clarified language on timeframe for appeal requests
	4.14	31	Clarified language on dental charges associated with OR/ASC usage
	6.01	34	Clarified language on timeframe for appeal requests
	Appendix B	44	Updated language outlining available benefits
	Appendix D	54	Included information on broken appointment tracking
	Appendix E		Added Dental Services Provider Manual Section 1
8/19/11	2.06	19	Updated beneficiary transportation information
4/14/11	2.04	18	Removed reference to copayment requirements for ID/RD Waiver members
4/7/11	1.00	14	Clarified language related to adult coverage
	1.02	14	Updated Provider Relations phone number
	2.01	16	Clarified language related to adult coverage
	2.04	18	Updated copayment requirements
	2.06	19	Updated language related to adult coverage
	3.00	21	Clarified review processes for prepayment review (PPR) and prior authorization (PA); clarified language related to adult coverage
	4.06	28	Clarified language related to adult coverage
	4.07	28-29	Clarified language related to adult coverage
	4.08	29	Updated copayment requirements
	4.16	32	Updated Provider Enrollment phone number
	4.17	32	Updated terminology for web portal
	6.00	34	Clarified appeal process
	9.00	39	Updated Provider Enrollment phone number
	Appendix A	41	Added definition for "medical condition"
	Appendix B	44	Clarified language related to adult coverage

	Exhibits A-C		Updated the following codes: D0140, D0240
	Exhibit B		Clarified language related to adult coverage; removed the following codes: 40700, 40701, 40702, 40720, 40761
10/21/10		2	Added fax number for submitting appeals
	3.03	22	Added instruction for submission of emergency authorization requests
	4.06	28	Clarified methods for indicating emergency services
	Exhibit A		Updated the limitation of following codes: D0140, D0150, D0240, D0330, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2392, D2393, D2394
	Exhibit B		Updated the limitation of following codes: D0140, D0240, D7140, D7210
	Exhibit C		Updated the limitation of the following codes: D0120, D0145, D0150, D1110, D1120, D1203, D1204, D1206, D1351, D1510, D1515, D0210, D0270, D0272, D0330, D5110, D5120, D5211, D5212, D5510, D5520, D5610, D5640, D0140, D0240, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2392, D2393, D2394
7/12/10	Appendix B	44	Added instruction for tooth surface designation.
	Exhibits A - C		Revised instructions for codes requiring review and authorization requirements for planned Hospital or Ambulatory Surgical Center (ASC) usage. D9420 (hospital call) is to be included in authorization requests for planned Hospital or ASC usage.
	Exhibits A – C		Updated descriptions of the following codes: 21116, 21497, 31000, 31020, 31030, 31603, 31605, 40500, 40510, 40520, 40530, 40650, 40652, 40654, 40700, 40701, 40702, 40720, 40761, 41000, 41008, 41009, 41015, 41016, 41017, 41018, 41112, 41113, 41116, 41120, 41130, 41135, 41140, 41145, 41150, 41155, 41250, 41252, 41828, 42106, 42120, 42200, 42220, 42225, 42235, 42260, 42330, 42335, 42408, 42409, 42440, 42450, 88160
	Exhibit A		Updated descriptions of the following codes: D0120, D0145, D0150, D7280, D7550, D7671, D7771, D7910, D7911, D7912, D9420, 21210, 21215, 21240, 21242, 21243, 21340, 21356, 21360, 21365, 21385, 21423, 21433, 21436, 21454, 21461, 21462, 31040, 41874, 42205, 42210, 42215, 42550
	Exhibit B		Updated descriptions of the following codes: D0140, D0210, D0220, D0230, D0240, D0270, D0272, D0330, D7550, D7910, D7911, D7912, D9230, D9248, D9420, D7671, D7771, D9230, 20900, 20902, 21029, 21210, 21215, 21240, 21242, 21243, 21340, 21356, 21360, 21365, 21385, 21423, 21436, 21454, 21461, 21462, 31040, 42200, 42205, 42210, 42215, 42550, 88300
	Exhibit C		Updated the following codes: D7550, D7910, D7911, D7912, D9420, 21210, 21215, 21240, 21242, 21243, 21340, 21356, 21360, 21365, 21385, 21423, 21433, 21436, 21454, 21461, 21462, 31000, 31040, 41874, 42205, 42210, 42215, 42550
	Exhibit C		Changed Age Limitation from “All” to “21 and Older”
6/21/10		All	Removed references to <i>Healthy Connections Kids</i> (HCK)
	2.05	19	Clarified federal claim filing guidelines for dually eligible Medicare and Medicaid recipients.
	3.01	21	Revised definition of prior authorization.

	Appendix C	46	Clarified criteria for dental extractions do no extend to prophylactic removal of asymptomatic teeth such as third molars.
6/10/10	1.05	15	Expanded value-added service language regarding authorization coordination.
	3.01	21	Added clarification that "authorization" can be obtained via a prior authorization or pre-payment review.
	4.02	25	Updated address for claim submission.
	4.05	28	Updated paper claim completion instructions.
	6.01	34	Clarified that complaint or appeal requests must be received within 30 calendar days.
	Appendix A	44	Revised definitions for "clean claim" and "prior authorization."
	Appendix C	46	Updated documentation and procedure criteria to reflect what's necessary for prepayment review as opposed to prior authorization.
	Appendix D.2	55	Dental Record recommendation language changed from "must" to "should."